



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 16, 2007

Bart Larsen, Administrator
Mount Vernon - Potomac Investments, LLC
3620 Potomac Way
Idaho Falls, ID 83404

License #: RC-788

Dear Mr. Larsen:

On February 27, 2007, a life safety code survey was conducted at Mount Vernon - Potomac Investments, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 6, 2007

Bart Larsen, Administrator
Mount Vernon - Potomac Investments, LLC
3620 Potomac Way
Idaho Falls, ID 83404

Dear Mr. Larsen:

On February 27, 2007, a life safety code survey was conducted at Mount Vernon - Potomac Investments, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 29, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes".

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R788	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2007
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON - POTOMAC INVESTMENTS,		STREET ADDRESS, CITY, STATE, ZIP CODE 3620 POTOMAC WAY IDAHO FALLS, ID 83404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 27, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Mount Vernon	Physical Address 3620 Potomac Way	Phone Number (208) 528-0467
Administrator Bart Larsen	City Idaho Falls Id	ZIP Code 83404
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 2-27-7

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	410.02	The Facility did not conduct the one drill per shift per quarter requirement. They held five drills during the previous twelve months.		
2.	405.01	Resident room # 2 has an extension cord in use.		
3.	405.01	Resident room # 10 has an extension cord in use.		
4.	405.01	Resident room # 7 has a multiple electrical adapter in use.		
5	405.05	The mechanical room has multiple penetrations of the ceiling from conduit and piping.		
6	415.05	The Facility has not had an Annual sprinkler system inspection.		
7.	415.02	The facility has not had an Annual inspection on the fuel-fired heating devices.		

Response Required Date 3-27-7	Signature of Facility Representative 	Date Signed 2-27-07
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2-27-07 PJ-